customer CREDIT APPLICATION

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Owner Name |  | Date business commenced |  |
| Company Name |  | Sole proprietorship |  |
| Phone | Fax |  | Partnership |  |
| E-mail |  | Corporation |  |
| Registered company addressCity, State ZIP Code |  | Other |  |
| EIN# |  |  |  |

# Bank information

|  |  |
| --- | --- |
| Bank name |  |
| Primary address,City, State ZIP Code: |  |
| Phone |  |
| Account number |  |
| Type of account | Savings  Checking  Other |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |

# agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize National Transportation Services, Inc. to make inquiries into the banking and business/trade references that you have supplied.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |